

(See instructions on reverse. Please typewrite or print plainly in ink)	FEE STAMP
	Alien Registration No.
	Date

(1) I hereby apply for permission to return to the United States under the authority contained in Section 212(c) of the Immigration and Nationality Act.

MY NAME IS: (First) (Middle) (Last)		
DATE OF BIRTH: (Month, day, year)	PLACE OF BIRTH: (City, province, country)	I AM A CITIZEN OF: (Country)
PRESENT ADDRESS: (Street and number, apt. no., city, state, country)		

(2) I was lawfully admitted to the United States for permanent residence at:

PORT:	DATE: (Month, day, year)	NAME OF VESSEL OR OTHER MEANS OF CONVEYANCE:
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(3) Since that admission I have departed from and reentered the United States as follows:

DEPARTED FROM THE UNITED STATES			RETURNED TO THE UNITED STATES			PURPOSE OF TRIP
Port	Date (Month, day, year)	Vessel or Other Means of Conveyance	Port	Date (Month, day, year)	Vessel or Other Means of Conveyance	

(4) During the past 7 years I have resided at the following places: (List present address first)

(Complete Address - Include Apt. No.)	From -	To-
		Present time

(5) During the past 7 years I have been employed as follows: (List present employment first)

From -	To -	Employer's Name	Address	Occupation or Type of Business

(6) My immediate family consists of the following persons:

Name	Relation	Date and Country of Birth	Citizen of	Present Address

(7) I \_\_\_\_\_ depart(ed) temporarily from the United States on or about \_\_\_\_\_ and will remain  
(Intend to or have) (Date)  
in \_\_\_\_\_ approximately \_\_\_\_\_, for the purpose of  
(Country) (Length of Time)  
\_\_\_\_\_ ; and expect to apply for admission at \_\_\_\_\_  
(Port)

RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED

(8) I believe I may be inadmissible to the United States for the following reasons:

I understand that the information herein contained may be used in any criminal or civil proceedings, including deportation or exclusion, hereafter instituted against me.

I certify that the statements above are true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

I declare that the document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

(Signature)

(Address)

(Date)

Decision:

☐ Application granted upon the following terms and conditions:

DATE  
OF  
ACTION  
DD

DISTRICT

INSTRUCTIONS TO THE APPLICANT

READ INSTRUCTIONS CAREFULLY - FEE WILL NOT BE REFUNDED

- (A) This form when completely executed, should be submitted to the District Director of the Immigration office having jurisdiction over your place of permanent residence.
- (B) A fee of one hundred seventy dollars (\$170.00) must be paid for filing this application. It cannot be refunded regardless of the action taken on the application.
- MAIL CASH. ALL FEES MUST BE SUBMITTED IN THE EXACT AMOUNT.** Payment by check or money order must be drawn on a bank or other institution located in the United States and be payable in United States currency. If applicant resides in Guam, check or money order must be payable to the "Treasurer Guam." If Applicant resides in the Virgin Islands, check or money order must be payable to the "Commissioner of Finance of the Virgin Islands". All other applicants must make the check or money order payable to the "Immigration and Naturalization Service." When check is drawn on account of a person other than the applicant, the name of the applicant must be entered on the face of the check. If application is submitted from outside the United States, remittance may be made by bank international money order or foreign draft drawn on a financial institution in the United States and payable to the Immigration and Naturalization Service in United States currency. Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any document issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.
- (C) If the space provided in the form is insufficient to answer a question fully, you should attach a sheet of paper containing your answer which should be numbered to correspond with the question.
- (D) In Part (3) where absences have been numerous as a resident alien border crosser or as a seaman it will be sufficient to give the approximate number of such absences and the years covered thereby.
- (E) List specifically and in detail your reasons for possible inadmissibility. For example, if application is made because the applicant may be inadmissible due to conviction of crime, the designation of the crime, the date and place of its commission and of conviction therefor, and the sentence or other judgement of the court shall be stated in the application. In the case of disease, mental or physical defect or other disability, give exact description, duration thereof and date and place last treated.
- (F) If applicant is mentally incompetent or is under 14 years of age, the application shall be executed by his parent or guardian.
- The authority for collection of the information requested on this form is contained in 8 U.S.C. 1103(a). Submission of the information is voluntary. The principal purpose for which the information is solicited is for use by a District Director of the Immigration and Naturalization Service to determine whether the applicant is eligible for advance permission to return to an unrelinquished domicile pursuant to the provisions of section 212(c) of the Immigration and Nationality Act, 8 U.S.C. 1182(c). The information solicited may also, as a matter of routine use, be disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies, the Department of Defense including any component thereof (if the applicant has served, or is serving in the Armed Forces of the United States), the Department of State, Central Intelligence Agency, Interpol, and individuals and organizations, during the course of investigation to elicit further information required by the Service to carry out its functions. Failure to provide any or all of the solicited information may result in the denial of the application.

**Public Reporting Burden.** A person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. Reporting burden for this collection of information is estimated to average as follows: 1) *learning about the form*, 5 minutes; 2) *completing and assembling and mailing the form*, 10 minutes, for a total of 15 minutes per response. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the U.S. Department of Justice, Immigration and Naturalization Service Room 5307, Washington, D.C. 20536; OMB No. 1115-0032, **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**